The world is aging at an unprecedented pace. Based on all the data available, the former assertion is undoubtedly true, with little room for discussion on the facts. The problem is that, while Europe experienced this process throughout hundreds of years, countries in Latin America have aged in a matter of a couple of decades. Chile, in particular, is one of the more rapidly aging countries in the region, at least doubling the number of people over 60 years old in less than 20 years. This explosive demographic change demands concrete and determined action by the society and policymakers. However, when the situation in the Latin American region is analyzed, it becomes clear that countries undergoing these processes have done little to cope with this overwhelming situation.

Over the last months, we have witnessed a very strong and massive social movement against the current pension system (AFP, for its acronym in Spanish). Once considered a model for the world, AFPs in Chile are and will be granting extremely low pensions for the great majority of the population. Although it seems quite reasonable to react against the system, the truth is that it was originally designed for a population whose life expectancy was only a few years older than the retirement age. The demographic expansion experienced by the country has created a new scenario with life expectancies reaching 90 years, which in many cases, imply more retirement years than those people spent actively employed. Low and inadequate pensions threaten people’s quality of life. It is not only a financial issue. In fact, aging under the current circumstances is a complex situation that has to be approached from multiple perspectives. Health-related issues surface immediately in the discussion, but other equally important elements are involved in creating the social framework necessary to design societies that assure an adequate quality of life for their older members during their last years of life. Productive activities after retirement, education, friendly-built cities for older adults, housing, caregivers for dependent people, access to public services, among many others, are all aspects that the newly shaped society must incorporate into the public agenda.

According to many surveys, the highest concern for the elderly population is their health. Health care provision is a major issue in most of the countries, even in developed and wealthy societies. In developing countries, high-standard medical care is far from being affordable for the general population and modern technologies are usually focused on those who can pay for them. Lack of access to quality health care deepens inequities and creates social tension. The global burden of disease imposes even more complex challenges to countries dealing with a rapid aging process. Aging and chronic diseases jeopardize quality of life and become a high economic burden for the society. The world is suffering an increase in diabetes, obesity and overweight, resulting in a serious health problem with large populations affected. Along with type-2 diabetes and obesity, dental caries shares the pivotal associated factor: sugar consumption. Due to the magnitude of the problem, the WHO has issued a strong recommendation to reduce the intake of free sugars throughout the life course, in both adults and children. WHO recommends reducing the intake of free sugars to less than 10% of the total daily energy intake (WHO 2015) to control all three diseases. Dental caries, defined as a sugar-biofilm dependent disease, has been included in the recommendation. Caries is one of the main oral-related problems of the elderly. Untreated caries is the main human disease affecting about 35% of the population. In older adults, root caries has a high prevalence and it is expected to increase due to higher tooth retention. Older adults suffering from tooth loss due to caries, experience complications beyond the masticatory system. In fact, it has been recently reported that diminished function by lack of occluding teeth leads to changes in dietary patterns, malnutrition, frailty and dependency. Caries also compromises and interferes with social interaction and quality of life.

For many years, dentists have been treating caries through restorative procedures. This approach poses two major problems: firstly, there is not technical or professional capacity to treat all the cases. Secondly, the economic cost of restoring the lesions would be enormous. It is obvious that the solution
is primary prevention to avoid the disease. Reality, however, indicates that this will be a rather gradual step. Hereafter, the question is how to tackle this problem without ignoring the actual situation of the older population. Although the concept is not new, there has been a growing interest for minimally invasive dentistry, particularly in caries management. Thus, conservative interventions to treat carious lesions are becoming more widely accepted. Indeed, two recent articles have proposed consensus protocols for carious lesion removal, and standardized nomenclature. In a step forward, non-invasive management of carious lesions has set the stage for a more effective approach. It has been demonstrated that when biofilm is systematically removed and lesions are exposed to the appropriate dose of remineralizing agents, mainly high doses of fluoride, carious process is arrested without the need for further restoration. Chemically arresting lesions through a self-administered fluoride therapy is an alternative that offers great advantages over traditional treatment or even over minimally invasive procedures. Therapies are directly applied through toothbrushing by the patients or their caregivers. Since treatment is prescribed by dentists, but applied directly by the subjects, the cost is greatly reduced. Although evidence is encouraging and there exists research supporting this approach, more studies are still needed to improve the protocols and the predictability of the technique.

Non-invasive management of root carious lesions appears as an effective way to narrow the gap of inequities in oral health. Low-cost, the possibility of treating caries in non-dental settings, without the permanent supervision of dentists, makes this approach affordable by large populations. Individual and community benefits are straightforward and should be considered when designing oral health community programs. Fortunately, Chile’s oral health authority has taken the lead incorporating this approach in the most recent guideline for root caries treatment and prevention in the elderly. As a constitutive part of wellbeing, oral health in the elderly must be taken into account when designing public policies. Despite the fact that implementing preventive measures in children is a reasonable priority, societies cannot ignore the needs of those who contributed to build the society in which we live.

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REFERENCES.